# CLINICAL AND EXPERIMENTAL IMMUNOLOGY

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Clinical and Experimental Immunology is published quarterly, each issue consisting of about 100 pages. Four issues form one volume. The annual subscription is £5 (U.S.A. and Canada \$17.50) post free; price per number 30s (U.S.A. and Canada \$5). The journal is available to members of the British Society for Immunology at a special rate of £3 6s 8d, or £3 2s 6d if they subscribe to Immunology also. Members' subscriptions should be paid direct to the publishers.

Editorial correspondence should be directed to the Editor, Dr W. J. Irvine, Department of Therapeutics, The Royal Infirmary, Edinburgh, Scotland.

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Offprints. Fifty are supplied free and additional copies may be ordered on the printed card which will be sent to the author with the proofs.

# **EDITORIAL**

The advances in immunology in relation to clinical medicine have been so rapid and expansive in recent years that a medium for publication of original papers in this line of study has become necessary. As in other subjects, many of the initial clues have come from clinical observation and subsequent advance has been acheived by a combination of continued clinical study with the support of more readily controlled and precise experiments in the research laboratory. It is the aim of *Clinical and Experimental Immunology* to encourage greater integration between clinical observation and fundamental laboratory research.

The subject of immunology has many ramifications and there are already in existence a number of excellent journals which, over the years, have become concerned with some particular aspect. This new Journal has been inaugurated to provide a forum for articles that are concerned with immunological phenomena in relation to disease. In addition to papers describing the incidence of antibodies and their value in diagnosis in different disease states, the Journal will publish articles which are concerned with methods of treatment of these conditions by altering the patient's immunological status. Of equal interest to the Journal are papers which deal with the fundamental nature of the disorder in immunological homoeostasis that is manifest in a wide range of disease states, or which help to elucidate the possible role of immunological mechanisms in pathogenesis. In the study of the natural history of diseases associated with autoimmunity it is important to be able to detect the presence of a pathogenic process in the subclinical state. The application of immunological techniques to the assay of hormones and other body secretions is therefore highly relevant to the interests of this Journal. The interests of the Journal are, in fact, well represented by the contents of this first issue.

Some people feel that there are already too many scientific journals and wonder why it is necessary to introduce yet another. However, if there is to be progress in research, or in any other line of significant human activity, there must be change with growth and development in some areas and quiescence in others. Those responsible for the production of scientific journals must adapt themselves to the needs of the present time by either altering the format and interests of current journals or by introducing new ones. The justification for each journal must be the need which it supplies. Scientific papers relevant to the interests of a sufficiently large group of research workers should be made readily available, but beyond this the aid of a computer is required if a fully comprehensive survey of the literature in any particular field is to be achieved.

The period between the receipt of a paper in the Editorial Office and its eventual publication is not always satisfactory to either the authors or readers. How to reduce this time delay is an editorial problem. Information Exchange Group Number 5 (National Institutes of Health, U.S.A.) provides a means whereby unedited scientific papers on immunopathology are precirculated and may be referred to as a 'personal communication'. It may be that scientific journals should themselves be precirculated in off-set typing at the stage of acceptance of the paper by the journal for publication. The scientific information would

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then be available with a minimum of delay, although the final printing may take up to another 6 months or longer. It is my view that this would be a useful service, but whether it would be practicable to put it into effect is still under discussion.

Research is not limited by geographic boundaries and, therefore, my policy has been to make this Journal international. This policy is reflected in the Editorial Board. In establishing this Journal I also felt that it should be associated with a scientific society. Such an association should put the Journal on a surer basis and help to integrate the Journal with existing publications in the field of immunology. The British Society for Immunology has agreed to sponsor *Clinical and Experimental Immunology* as a sister journal to *Immunology* and to encourage its international character.

There are many scientific problems that are still to be solved concerning the immunological aspects of human disease and it is hoped that the pages of *Clinical and Experimental Immunology* will make stimulating reading both to clinicians and to immunologists in the years to come.

W. J. IRVINE

#### INFORMATION FOR CONTRIBUTORS

Papers describing original research on the role of immunology in the diagnosis and pathogenesis of disease are welcomed. This brief will be interpreted widely and will include the study of the detailed properties of tissue antigen and antibody, methods of controlling the immunological reaction, the production of disease in experimental animals by immunological procedures, transplantation and cancer immunology, etc. The Journal will be published quarterly. In addition to full accounts of completed work the Journal will also publish a number of short papers. The latter may include a brief description of a case history that is of particular immunological interest.

Manuscripts should be sent to the Editor of Clinical and Experimental Immunology, Dr W. J. Irvine, Department of Therapeutics, Royal Infirmary, Edinburgh, Scotland. Contributors must send two complete copies of the text, tables and figures and retain one copy, as the Editor does not accept responsibility for damage or loss of papers submitted. Papers are accepted on the understanding that no substantial part has been, or will be, published elsewhere. This does not refer to abstracts of oral communications which are presented in the Proceedings of certain Societies or Symposia. Papers accepted remain the copyright of the Journal.

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Manuscripts must be typewritten (double-space) on one side of the paper only, with 1 inch margins. On a single

separate sheet there must be:

(i) Title and short title. (The short title should appear at the head of each page and should not exceed forty-five characters including spaces.)

(ii) Authors' names and initials, but not degrees or appointments. Women authors should use one given name. The present address of any author, if different from the place where the work was done, may be shown as a footnote. (iii) Department(s) in which the work was done.

(iv) The name and full postal address of the author to whom readers should address correspondence and offprint

requests. This will appear as a footnote. The publishers will send the proofs to this author and address unless con-

trary instructions are written on the manuscript.

The date on which the paper was accepted in its final form for publication will be indicated. It is the responsibility of the contributor in the first instance to submit the paper in a form suitable for publication. The Editorial Board will make every endeavour to give their opinion with a minimum of delay.

All papers must be written in concise English. Standards for spelling are the Concise Oxford Dictionary of Current English (Oxford: Clarendon Press) and McNalty's British Medical Dictionary. Generally, papers should be divided

clearly into the following sections:

(i) Summary (typed on a separate sheet): about 3% of the length of the paper but not exceeding 250 words.

(ii) Introduction: containing the reasons for doing the work.

- (iii) Materials and Methods: sufficient information must be included to permit repetition of experimental work. (iv) Results: these should be given concisely; the use of tables and figures to illustrate the same results will only rarely be allowed.
- (v) Discussion: the presentation of results should be separated from a discussion of their significance; this section should be strictly limited to discussion and should not recapitulate results.

(vi) Acknowledgments (including financial support).(vii) References (see below).

Full names with uncommon abbreviations must be given with the first mention; new abbreviations should be coined only for unwieldy names and should not be used at all unless the names occur frequently. In the title and summary unusual abbreviations should be identified; in the introduction and discussion they should be used sparingly. Abbreviations of units should conform with those shown below.

gram(s)	g	minute(s)	min	molar	M
kilogram(s)	kg	centimetre(s)	cm	millilitre(s)	ml
milligram(s) (10 - 3 g)	mg	second(s)	sec	gravitational acceleration	g
microgram(s) (10 - 6 g)	g	cubic millimetre(s)	mm³	micron(s)	μ
nanogram(s) (10 - 9 g)	ng	millimetre(s)	mm	per cent	%
picogram(s) (10-12 g)	pg	millicurie(s)	mc	isotopic mass number places	as 1811
hour(s)	hr	milliequivalent	mEq	fractions, ratios and rates as §	, ml/min

References in the text should follow the Harvard system in the style: Lachmann, Sell & Spooner (1965) on the first quotation and, if there are more than two authors, Lachmann et al. (1965) in subsequent quotations. For four or more authors, the first name followed by et al. should be used on all occasions.

References at the end of the papers should be listed in alphabetical order of (first) authors in the following form:
Lachmann, P.J., Sell, K.W. & Spooner, R.L. (1965) The mixed conglutination reaction. Immunology, 8, 345.
Abbreviations of titles of journals should follow the current edition of World Medical Periodicals. References to books

should include the publisher and place of publication.

Statistical treatment of results. It is usually unnecessary to publish the individual results of a number of similar experiments. When the object is to determine the value of a quantity or the statistical characteristic of a population, ufficient information is usually conveyed by the following provided that the distribution is normal: (i) the number of individual experiments; (ii) the mean value: (iii) the standard deviation (SD), the coefficient of variation, or the standard error of the mean (SEM), as many as may be appropriate. It should be made clear which is used. A convenient form for inclusion in a Table is, for example, 264 (SEM  $2\cdot5$ , n=10) where 'n' is the number of results. Where a significant difference is claimed between the means (or other statistics) of two groups of results, an appropriate test of significance should be used.

Illustrations. Figures requiring half-tone blocks should be well-contrasted prints on glossy paper. There is no limitation to their number if, in the opinion of the Editors, they are required for adequate presentation of the scientific findings. Line figures should be originals or photocopies (not photostats) of good quality and approximately twice the finished size. They should be as simple in form as possible and all graph points and lines, etc., should be sufficiently bold to retain clarify on reduction.

Three copies of all figures should be submitted; two copies with lettering and shading and, if available, one copy without either lettering or shading. The final lettering and shading will be added by the publishers. All illustrations should be labelled on the back in pencil with the author's name, short title of paper and figure number; the orientation of the figure should also be clearly indicated. Colour illustrations will be accepted when, in the opinion of the Editors, their use is necessary, but the author will be expected to contribute to the cost.

References to figures should be Arabic numerals (e.g. Fig. 3) and they should be numbered in order of appearance. There should be some indication as to the most suitable place for the figures to be inserted in the text. A list of captions for the figures should be submitted on a separate sheet and should make interpretation possible without reference to the text.

the text.

Tables should be typed on separate sheets and should be given Arabic numbers (e.g. Table 3). The approximate position in the text should be indicated. Units should appear in parentheses in the column headings and not in the body of the table. Words or numerals should be repeated on successive lines: 'ditto' or 'do.' should not be used.